

IN THE DISTRICT COURT OF THE SECOND CIRCUIT _____ DIVISION STATE OF HAWAI‘I	
Plaintiff(s)	Reserved for Court Use
	Civil No.
Defendant(s)	Plaintiff(s)/Plaintiff(s)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
Amount Claimed by Plaintiff:	Last Date of Indebtedness:
<div>COMPLAINT</div> <div>1. This Court has jurisdiction over this matter and venue is proper.</div> <div>2. On or about _____, Defendant(s) owed money to Plaintiff(s) as follows:</div> <div>3. <input type="checkbox"/> A copy of the written instrument on which the debt is based is attached as Exhibit 1.</div> <div>4. Plaintiff(s) asks for judgment in the principal amount of \$_____. In addition, the Court may award court costs, interest and reasonable attorney's fees.</div>	
Date:	Signature of Plaintiff(s)/Plaintiff(s)' Attorney: Print/Type Name:
<div>DECLARATION</div> <div>I have read this Complaint, know the contents and verify that the statements are true to my personal knowledge and belief. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI‘I THAT THE ABOVE IS TRUE AND CORRECT.</div>	
Date:	Signature of Declarant: Print/Type Name:
In accordance with the Americans with Disabilities Act if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 244-2852, FAX 244-2849, or TTY 244-2865 at least ten (10) working days in advance of your hearing or appointment date.	
COMPA.X (Amended 4/18/97)v	<div>I certify that this is a full, true, and correct copy of the original on file in this office.</div> <div>_____ Clerk, District Court of the above Circuit, State of Hawai‘i</div>